Interim Health Care Coverage

Interim Coverage
7/2007

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695 P Policy and Procedure

Purpose:

➢ If a Foster Child is Medicaid eligible, DCFS wants the child to have a Medicaid card at the address where the child resides.

Process:

➢ **Initial Custody**
  ❖ **Medicaid eligibility has been determined by an agency other than DCFS.**
    • Notification of removal or custody of a child through your Region process.
    • Query PACMIS for Medicaid eligibility for the child.
    • If current Medicaid eligibility exists, a 695 P will be issued for up to 30 days or until the end of the current month.

➢ **Placement changes and lost Medicaid Cards.**
  ❖ **Medicaid eligibility has been determined by DCFS.**
    • Enter the change of address in PACMIS on the ADDR screen.
    • Mail a new Medicaid card for the current month to the new placement.
    • If the Foster Child has an urgent medical need and also has a current Medicaid eligibility in PACMIS, a 695 P should be issued immediately so the child can get the necessary medical attention. A 695 P issued in these circumstances would only be issued for few days (5-7). This will allow time for a new Medicaid card to arrive at the placement.

695 P Policy does not allow:

➢ **Issuance of a 695 P to an administrative office, when the Medicaid card has been mailed to the Foster Home where the child is residing.**
➢ **No MMIS or PACMIS screen printouts to be given out.**

Verification of Interim Eligibility, DOH Policy 603-4-2

If an eligible client has an urgent medical need that requires proof of Medicaid eligibility before a card can be mailed to the client, complete the form 695 P, **Verification of Interim Eligibility**. Follow the rules in the forms manual. Determine eligibility and authorize a card on PACMIS before issuing a 695 P. If the client owes a spenddown, the spenddown must be met before issuing a 695 P. Make the time period for the 695 P to be effective fairly short; 5-7 days should be enough time in most cases to mail a regular card to the client. If issuing a 695 because a card was lost, immediately go to the CARD screen on PACMIS and order a new card. If the client has recently left a nursing home, and had no card for that month, issue a 695 P for the remainder of the month.

If incurred medical bills were used to meet spenddown, an MEEU **must** be attached to the 695 P form.

Give the client a 695 P form ONLY if it is an urgent medical need. The urgent care need may include when the doctor has refused to treat them until receiving verification of Medicaid coverage, or a need for prescription drugs. [Remember that the client's eligibility will not appear on the Health Department's computer until the day after the eligibility worker authorizes benefits on PACMIS.

DO NOT issue the Form 695 P for retroactive benefit months. Clients need to wait for the regular Medicaid cards to take to providers for retroactive month's services.

DO NOT give the Form 695 Verification of Interim Eligibility to any client who is only eligible for QMB, SLMB or QI-1 assistance, the QDWI program, or Emergency Medicaid services only.

Form 695 P
Temporary Medicaid Card

❈ Instructions for form 695 P (3-05)

❖ **Purpose:** This form authorizes and guarantees Medicaid payments. It is only used when it is not possible to provide a printed Medicaid Card that will meet the client's needs. Use a 695 P **ONLY** after eligibility on PACMIS has been authorized and **ONLY** in the following instances:

1. When an eligible client needs immediate medical care, they don't have a card (new application or lost card), and there is not time to get a card. A Form 695 P for this reason should be issued for a period of no more than 14 days.

2. When an eligible client reports that they need medical care and their card is incorrect (for example, a client moves out of a case management area, has changed their HMO, or the requirement to pay a co-payment has changed), adding a new household member to existing eligibility, etc; and there is not time to issue a card. If case management information has changed or is incorrect, do the following:

    A. Correct the information on PACMIS and/or MMIS and reissue the Medicaid card.

    B. If possible, get the incorrect Medicaid Card back from the client and destroy it. This saves the client from using the wrong card.

3. When a Medicaid nursing home resident leaves the nursing home, they will need a 695 P for the remainder of the month as no cards are issued to nursing home residents. The form should be issued for all the days of eligibility in the partial month, but should not extend beyond the end of that month.

❈ Distribution

❖ Blank Form 695 P's should be stored securely in the Business Office or with the BES supervisor. This is a 3 part form and is distributed as follows:

1. Original (white)- give to the recipient.

2. Yellow copy-sent to the business office for filing in their Form 695 P file. If the worker is aware that the 695 P is going to be used immediately at a pharmacy, fax a copy of the 695 P to **801-536-0464.** This number is only for the pharmacy claims.

3. Pink copy-file in the case record.

❈ Preparation

❖ **Name-**Enter the name(s) of individual(s) who are eligible exactly as they appear on PACMIS

❖ **ID Number-**Use the PACMIS ID Computer Number followed by the "X".

❖ **Primary Physician/Health Plan-** Check the MMIS system to obtain the current information. Enter the name of the primary physician or HMO as shown on the MMIS

system. Recipients in Salt Lake, Davis, Weber and Utah counties must select an HMO for ongoing months**. DO NOT** leave this line blank unless:

1. You are in an area not covered by Case management.

2. There is no PCP/HMO information on the MMIS system.

3. You are requested to do so by the Case Management Program Director or Assistant Director.

❖ **Plan type-** Identify the Medicaid plan type.

    1. TM Traditional Medicaid.

        A. Pregnant women, regardless of program type (except PCN).

        Children (including 18 year olds on NB+).

    2. NT Non Traditional Medicaid.

        A. FM- Adults not open under the Primary Care Network.

        B. PC Primary Care Network (PCN)-All adults open under the PCN.

❖ **Co-pay Required-** Enter the correct co-pay code from the list shown on the form. Select A unless the person meets one of the 4 exemptions below, and then enter B.

1. Child under age 18.

2. Pregnant woman under Traditional or Non-Traditional Plans.

3. Nursing home resident.

4. A recipient whose gross monthly income (including FEP and SSI) is less than the FEP payment amount AND are under Traditional or Non-Traditional Plans.

❖ **Pharmacy-** A pharmacy name must be listed whether the recipient is on restriction or not. If the recipient is on restriction, the name should be obtained from the current "Restriction Program" form in the case file. If the recipient is not restricted, have them identify a pharmacy. This is because of the limited number of prescriptions available.

❖ **Health Insurance-** List health insurance, including Medicaid, if applicable. The remainder is self-explanatory.

695 P's do not need to be sent to Medicaid claims unless they are for pharmacy claims and then they should be faxed immediately to the pharmacy fax # (801) 536-0464.

Link to 695 P instructions

http://health.utah.gov/eol/forms/instructions.htm#695

Two letter office code of issuing office.	→	____ P 00000
		OFFICE

Utah Department of Health
INTERIM VERIFICATION OF MEDICAL ELIGIBILITY

TO MEDICAL PROVIDERS: This form serves as interim verification of eligibility while a medical card is being produced for newly approved recipients or to replace a stolen/lost card.

- The eligibility period cannot extend more than 30 days past the day the form is signed.
- If the Primary Physician, Health Plan area is blank, then any physician may render service. If a Health Plan is identified, then services must be provided by that Health Plan. These areas do not apply to any other provider types.
- When you submit your claim to Medicaid, be sure to include the correct ID Number of the patient on your claim form.
- A Plan Type and Co-pay Code must be listed for each individual on this form.
- If the patient is on a Medicaid limited drug benefit, a 'Y' will be entered in the Limited Drug column. These patients will only be covered for limited drug services.
- Please return the Form 695O to the Medicaid client.

Initial custody (other agency Medicaid eligibility) –until the end of the month (up to 30 days).
Lost card/placement changes (DHS Medicaid eligibility)-up to 14 days.

The following persons are eligible to receive Title XIX Medicaid services during the period. (Not to exceed 30 days)

Dates_____to_____

NAME	ID NUMBER	PRIMARY PHYSICIAN OR HMO	PLAN TYPE* (REQUIRED FIELD)	CO-PAY CODE** (REQUIRED FIELD)	LIMITED DRUG Y/N (REQUIRED FIELD)

Exactly as they appear on PACMIS.	HLC Ifollowed by the "X".	MMIS system has current information.	Children including 18 year olds on NB+.	Children under 18 18 year olds on NB+.	'Y' if client is on a limited drug program.

*PLAN TYPE   **Traditional Medicaid-TM**   **Non-Traditional-NT**   **PCN-PC**
**CO-PAY CODES   A. Non-Emergency Use of the ER, Outpatient Hospital & Physician Services, & Pharmacy
    B. No Co-Pay Required

Pharmacy is_____
(required field)

Identify pharmacy – **any** is acceptable.

The client(s) have health insurance with_____
(Please bill insurance prior to billing Medicaid)

Information on MMIS.

_____   _____
Signature of Authorized Representative   Date

FOR STATE USE ONLY
Case Name_____Case Number_____Program Type_____Team_____
Address_____
HMO status is _____Active _____Pending

Do not complete.

MI-706 Authorization Procedure
For DCFS

Initial MI-706:

DCFS eligibility workers will be responsible for the initial MI-706 and any extensions required on the initial MI-706. The MI-706 is valid for 30 days unless the child is an illegal alien (90 days). The MI-706 can only be issued for children that are in DCFS custody.

Procedure
- Eligibility worker receives information from DCFS caseworker or health care team member regarding the removal of a child.
- Eligibility worker queries the MMIS screen for current Medicaid on the child(ren).
- If there is a current Medicaid card the eligibility worker will issue a 695 P and give to the caseworker.
- If there is no current Medicaid eligibility in MMIS, the eligibility worker will complete the MI-706 for the child.
- The distribution of the MI-706 will be as follows:
  - ✓ Fax copy to Julie Peterson-Thomas at 538-9428.
  - ✓ Copy to Health Care Team.
  - ✓ Copy to caseworker.
- The eligibility worker will query both SAFE and PACMIS for the correct client ID number to be used. (PACMIS has priority.)
- The eligibility worker will track and reissue a MI-706 extension, if needed.
  - ✓ When extension is approved, eligibility worker will follow the above listed distribution process.
- Each region will be responsible for preparing a backup plan for initial MI-706 issuance in the event that the eligibility worker is not available.
- Eligibility workers will issue and renew the MI-706 for children not Medicaid eligible on an ongoing basis (illegal alien, age limit, spenddown cases, etc.).
  - ✓ When an MI 706 has been renewed, the eligibility worker will follow the above listed distribution process.
  - ✓ MI 706 can be issued for children entering care through a voluntary placement agreement.
- MI-706 information will be appropriately entered in the SAFE health care screens.

On-going MI-706 Concerns:

The Regional Health Care Team will be responsible for the following:

- Issuance of MI 706 for health care services not covered by Medicaid when requested by prior approval for health care needs.

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- The distribution of the MI-706 will be as follows:
  - ✓ Copy to placement.
  - ✓ Copy to other medical care professionals, when necessary.
- Above $500, Regional Director (or designee) approval is required.
- Other responsibilities as per contract.

The <u>DCFS caseworkers</u> will be responsible for the following:

- Reviewing and correcting all billing problems associated with their client.
  - ✓ The DCFS caseworker will follow the process outlined in the "Procedure for Payment of Medical Bills".
- Obtaining prior approval on high cost health care needs in which a MI 706 will be used.
- The distribution of the MI 706 will be as follows:
  - ✓ Copy to the placement.
  - ✓ Copy to case file.

No Prior approval:

- When a bill is received with no prior approval given for the service, the worker will need to get authorization for payment from the Regional Director.
- The Regional Director will approve payment of the bill from the MI-706 fund.
- The caseworker will give a copy of the RD signed MI-706 to health care personnel and complete the billing process.

Eligibility Teams Role in the MI706/695P Process

Initial MI706 and 695 P's
An MI706 is only issued for children who are in State (DCFS/DHS) custody. The caseworker is responsible to notify the eligibility team as soon as a child is placed in protective custody so that the eligibility team can ensure that the child's health care needs can be covered immediately. Immediate health care coverage is provided by the eligibility worker issuing a MI706 or 695 P depending on the child's Medicaid status at the time of removal. An MI706 is normally issued for 30 days. A 695 P is issued for the remainder of the current month. A copy of these forms is provided to the caseworker and the fostering health children team. The caseworker then provides the placement with a copy of the form. A copy is also faxed to Julie Peterson for authorization. The MI706 information should be entered into SAFE on the health screens.

Within 30 days of removal, the caseworker is responsible for completion of the Title IV-E/Medicaid application. The caseworker is also responsible to ensure that the eligibility team receives the application as well as all supporting documentation. It is very important that a child have continuous health care coverage until a Medicaid determination is complete. The eligibility team is responsible to track the MI706 or 695 P status until that time. If the caseworker is unable to complete the application within the 30-day time frame, the eligibility team will continue to provide the appropriate health care coverage for the child until a FC Medicaid determination is made. The eligibility team is responsible to prompt the caseworker that the application is overdue. This may be done before issuing an extension to the MI706 or a new 695 P, if desired, but should not result in a lapse or delay of health care coverage if the application is still not promptly received. It would also be a good idea to let the supervisor know when an application is late.

Foster Children with Medicaid Spenddowns
Some foster children are not eligible for Medicaid until a spenddown has been paid. The spenddown process frequently causes delays in the monthly Medicaid eligibility. These delays are unavoidable. The eligibility team is aware of the children who require spenddowns and they are responsible to see that the health care needs of those children are met until the spenddown process is complete. These health care needs are met through the issuance of a MI706. When issuing a MI706 for a foster child with a spenddown, please write the following on the MI706. **"For routine medical, dental, mental health and pharmacy/prescription services."**

Non Citizen/Non Qualified Aliens – No Medicaid Eligibility
The eligibility team is aware of the children who are not eligible for Medicaid because of their citizenship status. At the time that the eligibility worker denies Medicaid eligibility for a child because of citizenship status, the eligibility worker should notify the fostering healthy children nurse of the child's Medicaid status. The eligibility worker will continue to issue a MI706 to meet the health care needs of the child. These MI706's may be issued for up to 6 months. If the nurse discovers that the child's health care costs are

extraordinary, the nurse may choose to issue the MI706's for that child. The nurse will notify the eligibility worker if this is the case. When issuing an MI706 for these children, please write the following on the MI706. **"For routine medical, dental, mental health and pharmacy/prescription services."**

Youth Place in Detention

We are currently in discussions with the Department of Health about MI706's issued for youth court ordered to detention. This is the process that is be used until a final decision is made as to how this issue can be best managed.

Initial Placement
When a youth is ordered into custody and court ordered directly into a detention setting, the fostering healthy children nurse will issue an MI706 to cover any health care needs the youth may have while in detention. The nurse will mark these MI706's as specifically issued for a youth in detention. Once the youth is released from detention, the eligibility team will issue an initial MI706 to cover the health care needs until a Medicaid determination can be made.

Placement throughout the custody episode
The fostering health children nurse will issue a MI706 for the health care needs of any youth court ordered into a detention setting. These MI706's will be marked as specific for a youth in detention.

Medicaid Closures when the Review is not Received
If the caseworker is unable to complete the review prior to the Medicaid eligibility auto closing, the eligibility team will remind the caseworker that the review is needed. If circumstances prevent the caseworker from completing the review and Medicaid eligibility ends, the eligibility team will issue a MI706 to cover the health care needs of the child. When issuing an MI706 for these children, please write the following on the MI706. **"For routine medical, dental, mental health and pharmacy/prescription services."**

Children not Eligible for FC Medicaid Due to their Placement
The health care needs of foster children placed at home or in an unpaid kinship placement should be coordinated with the foster healthy children nurse. The nurses are responsible for issuing MI706's, when appropriate, to cover specific medical costs. The eligibility worker should not be issuing the MI706 in these situations.

State Medical Services (SMS)
Reimbursement Agreement
(MI 706)

STATE MEDICAL SERVICES

The individual named below has been found eligible to receive service under the Division of Health Care Financing State Medical Services Program (SMS), for the dates indicated. The Division of Health Care Financing agrees to provide reimbursement for treatment, at Medicaid rates. Brief instructions regarding reimbursement procedures are provided on the reverse side of this form.

Form # for SAFE entry.

Prior Authorization Number
No 0000000

Child's name as it appears on PACMIS.

Child's date of birth and sex as it appears in PACMIS.

1. Last Name	2. First Name	3. Initial	4. Dates of Birth M M D D Y Y	5. Sex

6. Client I.D. Number	7. Dates of Eligibility		8. County Code
	From	To	

10 digit ID from MMIS or PACMIS.

Initially issued for 30 days. Extensions O.K.

M   M   D   D   Y   Y   M   M   D   D   Y   Y

2 digit county code, where child is residing.

SMS will provide reimbursement for treatment of the following condition(s) and/or symptoms:

Line No	10. Description of condition(s) and/or symptom (s)	11. ICD-9-CM
1.		
2.		

All Services as needed FC.

2 letter county code of issuing worker.

SMS will provide reimbursement for the following services:

Line No.	12. Identification of Authorized Services	13. Units	14. Codes
1.			

15. Provider Name	17. M M D D Y Y	18. Office			19.		
			FC		7	5	0
	Certifying Signature				Telephone		

MI 706 Codes

County Codes for MI 706's*

County Number	County Name
01	Beaver
02	Box Elder
03	Cache
04	Carbon
05	Daggett
06	Davis
07	Duchesne
08	Emery
09	Garfield
10	Grand
11	Iron
12	Juab
13	Kane
14	Millard
15	Morgan
16	Piute
17	Rich
18	Salt Lake
19	San Juan
20	Sanpete
21	Sevier
22	Summit
23	Tooele
24	Uintah
25	Utah
26	Wasatch
27	Washington
28	Wayne
29	Weber

Field 8- County where child is currently residing

DCFS Office Code Listing*

Eastern Region	
Office Name	Office Code
Blanding	EB
Castle Dale	EC
Fort Duchesne	EU
Moab	EM
Price	EP
Roosevelt	ER
Vernal	EV
Northern Region	
Office Name	Office Code
Bountiful	NF
Brigham City	NB
Clearfield	NC
Logan	NL
Ogden	ND
Southwest Region	
Beaver	SB
Cedar City	SC
Kanab	SK
Manti	SM
Panguitch	SG
Richfield	SR
St. George	SS
Salt Lake Valley Region	
Adoption & Post Adoption Services/ FR Consultants/Holladay	VH
Court Services	VD
East Jordan	VO
Independent Living	VK
Intake	VM
Jackson	VJ
Liberty	VE
Magna	VG
Murray	VM
Oquirrh	VW

SL West	VS
Tooele	VT
West Jordan	VN
Western Region	
American Fork	WA
Delta	WD
Fillmore	WF
Heber City	WH
Nephi	WN
Orem	WI
Spanish Fork	WO

* Field 18- Office Code where eligibility worker is located. Office codes can be found on the Regional DCFS Office address list.

How to find out if a child has a current Medicaid Eligibility

INME Screen.

Inquiry Menus

```
S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display
File   Edit   Session   Options   Transfer   View   Macro   Script   Help

INME                            INQUIRY MENU                    01MAR05 10:57
                                                               LINDA M

        1. PRIOR CONTACT CHECK              12. CHILD CARE BENEFIT HISTORY
        2. CASE PROFILE                     13. ACTION HISTORY
        3. HOUSEHOLD SUMMARY                14. CHILD SUPPORT SUMMARY
        4. FINANCIAL ISSUANCE HISTORY       15. NOTICE HISTORY
        5. FOOD STAMP ISSUANCE HISTORY      16. WORKER NOTICE HISTORY
        6. CHILD CARE ISSUANCE HISTORY      17. INTERFACE INQUIRY
        7. SPECIAL PMTS ISSUANCE HISTORY    18. BUY-IN INQUIRY
        8. MED EXCESS PAYMENT HISTORY       19. NEW HIRES REGISTRY INQUIRY
        9. FINANCIAL BENEFIT HISTORY        20. REVIEW MENU
       10. FOOD STAMP BENEFIT HISTORY       21. STATE ONLINE QUERY SYSTEM
       11. MEDICAL BENEFIT HISTORY          22. TIME-LIMITED BENEFITS INQUIRY

                       ENTER   FUNCTION   (BY NUMBER):  __
                       CASE NUMBER        (FOR 2-16):   _____
                       BUDGETING METHOD (FOR 3 ONLY): P
                       CLIENT SSN  (FOR 17,18,19,21): ___ __ ____
                       BENEFIT MONTH             :    _____

                                                            NEXT-->  ____

S1    Ready (1)    204.113.16.53    TA2318       11:52:12 Tue Mar 01    NUM
```

Enter Function.
Enter #1.

CLIN Screen.

Use the search criteria outlined in *"Tips to Avoid Duplicating Clients When Registering or Adding Clients to Cases"* to insure a complete search.

```
S1 - HSMFP - BlueZone Mainframe Display
File   Edit   Session   Options   Transfer   View   Macro   Script   Help

Connections:  HSMFP           Attn   PA1   PA2   PA3   Reset   PF01 PF02 PF03 PF04 PF05 PF0

CLIN                         CLIENT INQUIRY                   28JAN05 08:50


        ENTER ONE OF THE FOLLOWING:

           1.   CLIENT IDENTIFYING INFORMATION:
                   SURNAME: _____ IF PARTIAL, ENTER  Y : _
                   GIVEN NAME (OR INITIAL): _____   MIDDLE INITIAL: _
                   SSN: ___ __ ____
                   BIRTHDATE (DDMMMYYYY): _____   OR  AGE: __   SEX: _

           2.   CLIENT IDENTIFIER: _____
```

Enter child's identifying information.

Name	SSN
DOB	HLCI

Enter.

Client Profile

CLPR Screen.

Client Name and any Aliases.

Sequence number.

```
CLPR                        CLIENT PROFILE                    04AUG05 09:39

NAME/ALIASES                        CLIENT ID:        8          --SYSTEMS--
                                    S.S.N.:           VR:         P:O:U:U
                                    BIRTHDATE:                    A:R:S:W
                                    SEX:                          Y Y Y Y
                                    ALERTS:
         PART    CASE    PART     PART                        PRIMARY        DEN       GRP
     PGM CODE   NUMBER   START    END      STAT  DRO TEAM CSLD REL  CLO ALERT CVR
  01 FS  IN     00      09APR01            OP    WMH  1    03  PI
  02 FM  IN     00      01JUN04  31MAY05   CL    WMH  1    03  PI   ET
  03 FM  IN     00      01SEP03  31MAY04   CL    WMH  1    03  PI   XS       O
  04 FM  IN     00      01MAY03  31AUG03   CL    WMH  1    03  PI   FO       O
  05 AF  IN     00      01SEP02  30APR03   CL    WMH  1    03  PI   AL
  06 FM  IN     00      01SEP02  30APR03   CL    WMH  1    03  PI   AL       O
  07 FM  IN     00      01AUG02  31AUG02   CL    WMH  1    03  PI   ZZ       O
  08 AF  IN     00      14AUG02  31AUG02   CL    WMH  1    03  PI   ZZ
  09 AF  IN     00      01FEB02  31JUL02   CL    WMH  1    03  PI   IV
  10 FM  IN     00      01FEB02  31JUL02   CL    WMH  1    03  PI   IV       O
     TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER: __
     TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: _

                                                             NEXT-->   ___

S1    Ready (1)    204.113.16.53    TA4931      09:40:12 Thu Aug 04    NUM    01:59:02   21, 075
```

To inquire on a case number enter the sequence number here.

Participation Start and End Dates.

Status.
OP=Open
CL=Closed

A **"Y"** indicates this client is known to this system.
PA=PACMIS
OR=ORSIS
US=USSDS
UW=UWORKS

Program Type and Participation Code.
IN means a client is participating in the program.
OU means a client is not participating.

PACMIS CODE CHEAT SHEET

PACMIS Program Codes
> **FM=Family Medicaid**
> FS=Food Stamps
> AF=Financial Assistance/FEP
> **PN=Prenatal Medicaid Program**
> GF=General Financial Assistance
> **NB=Newborn Medicaid Program**
> CC=Child Care
> **FC=Foster Care Medicaid**
> **SA=Subsidized Adoption Medicaid**
> **PC=Primary Care Network**
> **CI=CHIP**
> **PG=Pregnant Medicaid Program**
> **DD=Community Home Based Waiver Medicaid**
> **DM=Disabled Medicaid**

Client Inquiry Short List

CLIS Screen.

Names displayed here

SSN

Display if multiple clients match the search criteria. To scroll through the list hit "**Enter**". To select a client enter the sequence number then hit **"Enter".**   A display of the CLPR screen for that client will be shown.

When the correct client has been identified, use the case number on the CLPR screen to inquire on the open programs and benefits for the month.

Inquiry Menu

INME Screen.

```
splay WSMFP - BlueZone Mainframe Display                          _ □ ☒
ransfer  View  Macro  Script  Help

🖨   ✂ 📋📑📋   66🔍 Q⁺ 🖥 📊

INME                      INQUIRY MENU                  01MAR05 10:57
                                                        LINDA M

    1. PRIOR CONTACT CHECK          12. CHILD CARE BENEFIT HISTORY
    2. CASE PROFILE                 13. ACTION HISTORY
    3. HOUSEHOLD SUMMARY            14. CHILD SUPPORT SUMMARY
    4. FINANCIAL ISSUANCE HISTORY   15. NOTICE HISTORY
    5. FOOD STAMP ISSUANCE HISTORY  16. WORKER NOTICE HISTORY
    6. CHILD CARE ISSUANCE HISTORY  17. INTERFACE INQUIRY
    7. SPECIAL PMTS ISSUANCE HISTORY 18. BUY-IN INQUIRY
    8. MED EXCESS PAYMENT HISTORY   19. NEW HIRES REGISTRY INQUIRY
    9. FINANCIAL BENEFIT HISTORY    20. REVIEW MENU
   10. FOOD STAMP BENEFIT HISTORY   21. STATE ONLINE QUERY SYSTEM
   11. MEDICAL BENEFIT HISTORY      22. TIME-LIMITED BENEFITS INQUIRY

            ENTER  FUNCTION  (BY NUMBER):  __
            CASE NUMBER       (FOR 2-16):  _____
            BUDGETING METHOD (FOR 3 ONLY): P
            CLIENT SSN  (FOR 17,18,19,21): ____ __ ____
            BENEFIT MONTH              :   ____

                                              NEXT--> ____

S1  | Ready (1) | 204.113.16.53 | TA2318  🔒 | 11:52:12 Tue Mar 01 | NUM | 03:49:39 | 17, 053
```

Enter Case Number.

Enter Function # 2 to display the
CAP 2 screen.
Enter Function #11 to display the
Medical Benefit History screen.

**Enter to the CAP 2 or
MEBH Screen.**

Case Profile-Page 2

CAP2 Screen.

```
ay WSMFP - BlueZone Mainframe Display                              _ ☐ ☒
File  Edit  Session  Options  Transfer  View  Macro  Script  Help

CAP2                      CASE PROFILE - PAGE  2              04AUG05 10:19

CASE NAME:                          CASE NUMBER:            MONTH: SEP05


PROGRAM        CVG  PRG  HH  BENEFIT     APP     PROG    STATUS    CL  REV    CUR
TYP/SUB    CAT GRP  ALT  SZ  EFF DAT  RECEIVE  STATUS    DATE      DE  DUE    MON
  FM   12   F             06  01JUN04  08JUN04  OPEN    31JUL05        NOV05  MAY05
  FS                      06  09APR01  09APR01  OPEN    23DEC04        NOV05  SEP05

        CLIENT            CLIENT ID  C   DOB                PER      PROGRAM TYPE
         NAME               SSN      K   AGE   REL SEX     ALT  FS    FM
B       L                            8         PI   F     NC   IN    IN

B       D                            3         CH   M          IN    IN
                                         014
S          A                         8         CH   F          IN    IN
                                         010
B       S                            8         CH   F          IN    IN
                                         007

        VIEW PRIOR MONTH CLIENT INFO (MMMYY): _____        NEXT--> _____

S1   Ready (1)   204.113.16.53   TA4931       10:20:18 Thu Aug 04   NUM   02:39:08   11, 038
```

Client Name, SSN and HLCI.

Review Date
and Program Status.

The 10th Medicaid check
digit is now available on the
CAP2 screen.

All Clients on this CAP2 are coded
in for the FM program type.

**Or the MEBH
Screen.**

Medicaid Benefits History Screen

MEBH Screen.

Benefit Month.

Client Name.

Mail Date.

A current Medicaid eligibility is indicated if the Medicaid card for that month has a mail date displayed. If the mail date is not showing or is showing as highlighted, then a Medicaid benefit has not been issued for that month. Check MMIS for the current months Medicaid benefit display. Instructions for accessing MMIS are contained in the MMIS Guide.
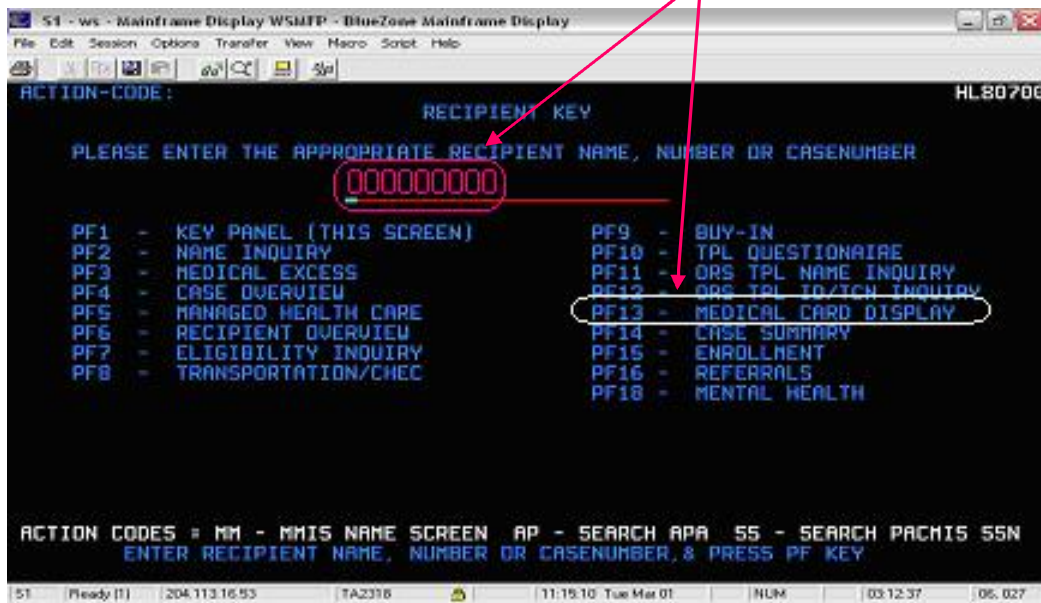
MMIS Medicaid Card Display Information

MMIS will provide you with the necessary information to complete the 695 P for a child with a current month's Medicaid eligibility. To return to the Main MMIS menu press F1.
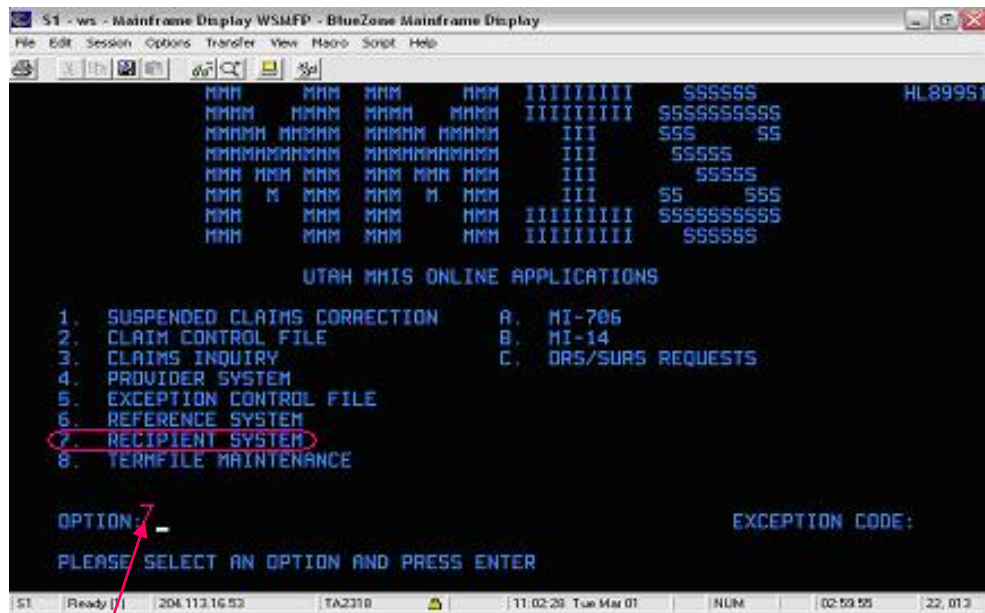
Select #7.
Enter.

Enter the child's HLCI (9 digit) and **press F13 (shift F1).**

Current month Medicaid eligibility will be listed here.

S1 - HSMFP - BlueZone Mainframe Display

File   Edit   Session   Options   Transfer   View   Macro   Script   Help

Connections: HSMFP | Attn | PA1 | PA2 | PA3 | Reset | PF01 | PF02 | PF03 | PF04 | PF05 | PF0

```
ACTION-CODE:                    MEDICAL CARD DISPLAY                    HL80781

 CLIENT-ID:                                                      MORE: YES

PD: 01/26/05 CT: IHC                PT: FM CTY: 25 BEG: 02/01/05 END: 02/28/05
NAME:                               M  DOB: 10/13/2001 AGE: 003 SEX: M (F)
PRV: IHC ACCESS              WASATCH MENTAL HEALTH
TPL:

PD: 01/21/05 CT: IHC                PT: FM CTY: 25 BEG: 01/01/05 END: 01/31/05
NAME:                               M  DOB: 10/13/2001 AGE: 003 SEX: M (F)
PRV: IHC ACCESS              WASATCH MENTAL HEALTH
TPL:
```

HMO Provider.

Mental Health Provider.

Interim Medicaid Determination Process

Foster Child open for another Medicaid Program at the time of custody

- ✓ Issue 695 P for the remainder of the month.
- ✓ Notify the BES/DWS worker of custody. Ask that worker to close the child's Medicaid case.
- ✓ Request a copy of the most recent application or review form (within the past 12 months) for the open Medicaid case.

Procedure when information is received from BES/DWS

- ✓ Review the child's information.
- ✓ Complete the "Interim Medicaid Determination" form for the child.
- ✓ Open the appropriate Foster Care Medicaid category in PACMIS.
- ✓ Create case file.
- ✓ Set Alert for IV-E Determination.

Procedure when IV-E/Medicaid Application is received from DCFS/DJJS Caseworker

- ✓ Complete "IV-E/Medicaid Determination" for the child.
- ✓ For IV-E cases, change the Foster Care category in PACMIS to "F" beginning with the next month.
- ✓ Document on CAAL.
- ✓ Complete SAFE and CARE eligibility entry.
- ✓ Complete Eligibility Case File.

Foster Child with no open Medicaid case at the time of custody

- ✓ Issue MI 706 for 30 day time period.
- ✓ Copies of MI 706 to appropriate parties.

Procedure when IV-E/Medicaid Application is received from DCFS/DJJS Caseworker

- ✓ Review application.

- ✓ **If possible**, complete the "IV-E/ Medicaid Determination".
- ✓ Open the appropriate Foster Care Medicaid category in PACMIS.
- ✓ Complete SAFE and CARE entry.

- ✓ **If the IV-E determination is not possible**, notify the worker of information needed for IV-E determination and complete the "Interim Medicaid Determination" for the foster child.
- ✓ Open appropriate Foster Care Medicaid category in PACMIS.
- ✓ Create case file.
- ✓ When information to complete the IV-E determination is received, complete the "IV-E/Medicaid Determination" form for the foster child.
- ✓ For IV-E cases, change the Foster Care Medicaid category to "F" beginning with the next month.
- ✓ Document on CAAL.
- ✓ Complete SAFE and CARE eligibility entry.

Interim Foster Care Medicaid Determination

Enter the Foster Child's identifying information from the application. If any inaccuracies appear on the application, enter the correct information.

Child in Custody Information

Name of Child (last, first, middle)	Social Security #	Date of Birth	Client #
Current Placement Address (street, city, state, zip)		County	Telephone #

Application placement information.
SAFE SCF open case.
DJJS placement contract.

1.   **Removal:** Has the child been removed from home and are they in an agency placement?

___ Yes   Go to question 2.

___ No   **STOP.** Child cannot be eligible for FC Medicaid until the State obtains custody of the child and removal from the home has occurred. Go to Part B.

Birth verification.
Medicaid policy 303-5 & 349-2
http://utahcares.utah.gov/infosourcemedicaid/

2. **Age:** Is the child under age 19?

___ Yes   Go to question 3.

___ No   Child is not eligible for Foster Care Medicaid. Go to Part B.

Question #2 on application.
Birth verification.
Alien Registration card and SAVE verification.
Medicaid policy 205

3. **Citizenship:** Is the child a U.S. citizen or a qualified alien admitted for permanent residence?

___ Yes   Go to Question 4.

If the child is a qualified alien, has the child been living in the United States for five years or longer, did the child enter the United States prior to August 22, 1996, or is the child in a protected alien classification?

___   Yes   Date of entry in U.S. _____ or protected classification _____

Go to question 4.

___   No   STOP. Child is not eligible for Foster Care Medicaid until in the United

States for five years. Date five year waiting period ends _____

Go to Part B

___   NA   Child is a U.S. Citizen. Go to question 4.

___ No   STOP.   Child is not eligible Foster Care Medicaid. Go to Part B

4. **Placement:**   Is the child in a placement in which a foster care or independent living maintenance payment is being made for the child?

Application.
SAFE.
DJJS placement contract.

___   Yes   Go to question 5.

___   No   STOP. Child is not eligible for Foster Care Medicaid.

5. Assets: Are the child's countable assets <u>greater that $2,000</u>?

> Application.
> PACMIS/E-Find.
> Bank Statement.
> **Medicaid policy 500**

_____   Yes   Go to | question 7 |

_____   No   Go to | question 6 |

> **Only complete this question if the child is under age 6 and
> the assets exceed $2,000.**
>
> **6. NB Medicaid program:**   Is the child <u>under</u> 6 years of age?
>
> _____   Yes   Go **to question 7**
>
> _____   No   **STOP**. Child is not eligible for Foster Care Medicaid.
>
> Newborn Income limits are available on Table VII
> on the Medicaid Policy Website.

7. Disabled/Blind Medicaid program: Is the child blind or disable <u>and</u> receiving SSI?

> Application.
> Interface Screens.
> PACMIS/E-Find.
> **Medicaid Policy 311**

_____   Yes **STOP.** Child is eligible for foster Care Medicaid (FC/D disable, FC/B blind)

_____   No   Go to | question 8 |

8. **Children/NB+ Medicaid programs:** Is the child's countable income less than the income limits required for the NB+ Medicaid program?

NB+ Income Limit:$_____ Child's Income:$ [Foster Child only.]

> Application.
> Income/Asset Computation Worksheet.
> PACMIS/E-Find.
> Interface Screens.
> **Medicaid Policy 400**
> Medicaid Program Income Standards are available on the Medicaid policy website Table VII.

_____ Yes   Go [Part B]

_____ No Go to [question 9]

9. **Children's Medicaid Program with a Spend down:** Do the child's medical expenses exceed the income "spend down" amount for the Children's Medicaid program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (Calculate the spend down amount as provided below.)

> Application.
> Income Asset Computation Worksheet.
> PACMIS/E-Find.
> Interface Screens.
> Healthcare and treatment costs must exceed the amount paid for the spenddown.

[$382]   [Foster Child Only.]

CM Income Limit:$_____ Child's income: $_____

___ Yes   Child is FC/C Medicaid eligible when spend down process is completed.   Go to Part B.

___ No   STOP. Child is not eligible for Foster Care Medicaid. Go to Part B.

Spend Down Calculation	
Child Countable Income	$ _____
Minus Program Income Limit	$- _____
Total Spend Down Amount	$ _____

NOTE:
The division will not usually have the funds available to spenddown the child's income for Interim Medicaid Eligibility.

Part B: <u>**Summary of Foster Care Medicaid Determination**</u>

> Yes or No.

> First day of month unless 90 day retro is being used.

__ Yes Child is eligible for Foster Care Medicaid. Eligibility beginning date _____

               Circle program type: FC/B Blind   FC/D Disabled

                                    | FC/C Children's Medicaid |

                                     FC/C Newborn

                                     FC/C Newborn Plus

                                     Other (specify) _____

> Circle program category.

__ No   Child is **not** eligible for Medicaid.

              Reason child is not Medicaid eligible:

> Why?

             _____

        (Refer to BES for CHIP eligibility determination if citizenship requirements are met.)

Notes:

> Explanation as necessary.
> **Be professional!**

Eligibility Worker Signature: _____**Date:** _____

> Make sure to sign and date the determination!